



Wyoming Colorectal Cancer Early Detection Program

Helping Wyoming People Detect Cancer Early

September 2007

Provider Manual

Wyoming Colorectal Cancer Early Detection Program

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Letter from Program Director, Kimberly Rogers

Dear Colleague:

The Wyoming Department of Health Colorectal Cancer Early Detection Program, in collaboration with the Wyoming Comprehensive Cancer Control Program, and various providers across the state, is implementing a statewide program to provide colorectal screening services to medically underserved Wyomingites, and to increase the awareness and demand for colorectal screening for all Wyoming citizens. The Wyoming Colorectal Cancer Early Detection Program (WCCEDP) is part of a 5-year plan to achieve the Wyoming year 2010 colorectal screening goal in increasing the percentage of Wyoming men and women who have received a sigmoidoscopy or colonoscopy to 60%. This year alone, the WCCEDP hopes to screen approximately 700 Wyoming people who are at or below 250% of the federal poverty level. In addition, the program will help those who have no health insurance (or their current insurance does not cover the costs relating to colonoscopy).

You will be a part of the colorectal success by contracting to be a WCCEDP provider, and we appreciate your help!

This manual includes a broad overview of the programs components and specific information to help guide operations of the program at the clinic, hospital, and community levels. Use this manual to answer questions about operation of the program and as the standard for care for Wyoming residents screened through the Wyoming Colorectal Screening Program.

On behalf of all our collaborative partners, welcome to the Wyoming Colorectal Cancer Early Detection Program. If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

A handwritten signature in dark ink, reading "Kimberly Rogers". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Kimberly Rogers
Program Director

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Program Description

This document describes the operational components of the Wyoming Colorectal Cancer Early Detection Program (WCCEDP), and defines patient eligibility, approved screening methods, and program logistical and contact information.

Program Purpose

The Wyoming Department of Health, in collaboration with the Wyoming Comprehensive Cancer Control Consortium, and various healthcare providers, laboratories, and facilities across the state, is implementing the WCCEDP, a statewide effort to provide colonoscopies to Wyoming residents at or below 250% of the Federal Poverty Level. Provider reimbursement is at the Medicaid-allowable rate. The WCCEDP aims to increase the awareness and demand for colorectal screening for all residents of Wyoming.

The WCCEDP is funded by general fund monies and was appropriated through the 59th Wyoming State Legislature, Enrolled Act 92, also known as the Wyoming Cancer Control Act.

This program facilitates a plan to achieve the Wyoming Year 2010 colorectal screening goal of increasing the percentage of Wyoming men and women who have had a sigmoidoscopy or colonoscopy to 60%.

The WCCEDP is designed to provide colonoscopy screening services to Wyomingites who meet certain criteria, including the following:

- Applicant must have been a resident of the State of Wyoming for at least one (1) year. Applicant must provide proof of residence by presenting a valid Wyoming driver's license, or an identification card issued under Title 31 of the Wyoming Statutes. Applicant shall swear to an oath of residency when completing the application for enrollment.
- Applicant must be age 50 or over, and not eligible for the federal Medicare program.
- Applicant must be at or below 250% of the Federal Poverty Level, as evidenced by most previous year's Income Tax Statement.
- Applicant must be a patient of a clinic or hospital participating in the WCCEDP.
- Upon approval of application for enrollment, Applicant will be eligible for one (1) colonoscopy every ten (10) years, counting any colonoscopy completed before July 1, 2007, or before the applicant became a Wyoming resident.

Wyoming Colorectal Cancer Early Detection Program Quality Assurance Team

In order to address program efficacy and quality improvement of an evidence-based screening program, the Wyoming Colorectal Cancer Early Detection Program (WCCEDP) has implemented a Quality Assurance Team to serve in an advisory capacity. The role of this advisory committee encompasses the following areas:

1. Developing and periodically assessing the screening and surveillance guidelines to be used for determination of eligibility for the WCCEDP
2. Providing guidance to staff regarding questions about specific patient's eligibility
3. Promoting the program through community level efforts and social marketing campaigns
4. Providing resources to staff regarding medical decisions about treatment of colorectal cancers detected by the WCCEDP

The committee will meet in person or via conference call every 4-6 months. The chairperson of the committee will be available to review individual patient questions and will get advice from the other committee members as needed. Individual recommendations will be reviewed at each committee meeting.

Members of the Quality Assurance Team:

James Bush, MD

Chairperson
Staff Physician
Wyoming Department of Health

Brent Sherard, MD, MPH

Director and State Health Officer
Wyoming Department of Health

Joseph Grandpre, PhD, MPH

Deputy State Epidemiologist
Wyoming Department of Health

Alice Preheim

Enrollment Specialist/ WCCEDP
Wyoming Department of Health

Linda Chasson, MS

Administrator, Preventive Health & Safety Division
Wyoming Department of Health

Kim Deti

Public Information Officer
Wyoming Department of Health

Kimberly Rogers

Cancer Control Program Manager
Wyoming Department of Health

Ginny Mahoney

Chief of Staff
Wyoming Department of Health

Wanda Webb

Case Manager/Navigator- WCCEDP
Wyoming Department of Health

Applicant Eligibility & Enrollment Requirements

The WCCEDP will handle all applications to determine eligibility. Eligibility screening will not be the responsibility of the contracting physician. All Wyoming men and women that meet the following criteria are eligible to apply for the program:

1. Applicants age 50 to 64 at average risk for colon cancer
2. Applicants under age 50 at elevated risk for colon cancer due to personal or family history (a physician's recommendation in writing will be required)
3. Applicants who have been a resident of Wyoming for at least one year
4. Applicants must have an income at or below 250% of the Federal Poverty Level (see Table 1)
5. Applicants who are uninsured, or those whose insurance does not adequately cover the cost of a colonoscopy
6. Applicants who are not eligible for the federal Medicare program
7. Applicants will be eligible for one (1) colonoscopy every ten (10) years, including any colonoscopy completed before July 1, 2007, or before the applicant became a Wyoming resident.

Federal Poverty Guidelines 2007

Number of Person in Family Unit	Poverty Line (2007)	250% of Poverty Line (2007)
1	\$10,210	\$25,525
2	\$13,690	\$34,225
3	\$17,170	\$42,925
4	\$20,650	\$51,625
5	\$24,130	\$60,325
6	\$27,610	\$69,025
7	\$31,090	\$77,725
8	\$34,570	\$86,425
Each additional person, add	\$3,480	\$8,700

The Wyoming Colorectal Cancer Early Detection Program uses poverty guidelines to determine eligibility. The federal government updates poverty guidelines annually. These guidelines are released by mid-February of each year. You may find the current poverty guidelines with calculated percentages at <http://www.cms.hhs.gov/MedicaidEligibility/downloads/POV07ALL.pdf>.

Approved Screening Methods

Screening Methods Covered

Colonoscopy is the direct examination of the entire colon via colonoscopy. All costs associated with colonoscopy (provider, facility, and pathology) are reimbursed by the program. Colonoscopy is a screening test, but it is often also a diagnostic test and/or a treatment procedure when lesions are identified, biopsied and/or removed. The goal during colonoscopy is that all lesions identified as cancer or polyps (sessile or pedunculated) be excised or, if too large for excision, biopsied, and sent for pathologic examination. An exception is when numerous (over 10-20) small (<5mm) polyps are encountered in the rectum and distal colon; since these are typically hyperplastic polyps, representative biopsies of 5-10 can be obtained. Pathologic evaluation of colonic polyps is critical to determine the individual risk category for colorectal cancer, the first-degree relatives' risk of colorectal cancer, and the proper interval for repeat colorectal cancer testing.

An “adequate” colonoscopy is one that reached the cecum and visualized over 90% of the colonic mucosal surface.

Note: There will be no reimbursement to providers for colonoscopies or related costs performed prior to the WCCEDP enrollment start-date. The applicant/patient must have a WCCEDP payment voucher to present to the provider prior to the procedure. If applicant/patient does not have proper enrollment approval, the applicant/patient will assume responsibility for any costs relating to procedures performed prior to enrollment approval.

Screening Methods NOT Covered

Procedures not reimbursed by this program include:

- **Flexible Sigmoidoscopy** is the direct visualization of the lower half of the colorectum, often to the point of the splenic flexure, through a flexible sigmoidoscope. This procedure is not reimbursed by the program.
- **Double Contrast Barium Enema (DCBE)** is less sensitive than colonoscopy for colorectal neoplasms. It will therefore be elected as a primary screening method rarely, although it cannot be reimbursed by the program.
- **Virtual Colonoscopy*** (also known as CT colonography).
- **Fecal Occult Blood Testing (FOBT)*** The program will not reimburse for standard or immunochemical FOBT testing.
- **Digital Rectal Exam (DRE)*** should be performed at the time of colonoscopy or sigmoidoscopy. This test is NOT reimbursed separately by the program.
- **The WCCEDP will not reimburse for no-show appointments by the patient.**

* There is insufficient evidence for the WCCEDP to support these screening methods at this time so the program will not cover them.

Note: Medical therapy for Inflammatory Bowel Disease or genetic testing is not reimbursable by the WCCEDP.

Wyoming Colorectal Quality Assurance Team Why Colonoscopy?

The suggested intervention for Wyoming will be the use of the colonoscopy as the main method of screening. This is because colonoscopy has been determined the gold standard for colorectal cancer screening according to many recent studies. By screening via colonoscopy from the beginning, we will be more efficient, accurate, and cost effective.

Fast Facts:

- Complete colonoscopy allows the physician to view the entire colon, identify any suspicious growths, and allows biopsy or removal of a polyp at the very same time it is identified. **(American College of Gastroenterology)**
- An important limitation of sigmoidoscopy is that only the distal colon and rectum are examined; therefore, more proximal lesions may be missed.
- If a method other than colonoscopy is chosen (i.e. flexible sigmoidoscopy, DCBE, etc.), and results on these alternative methods are abnormal, the physician will require a follow-up colonoscopy. **(American College of Gastroenterology)**
- The sensitivity for a single colonoscopy exam is 90% for large polyps and 75% for small polyps. This makes it very likely that any polyps that would become cancer will be found and removed. **Rex DK, Cutler CS, Lemmel GT, Rahmani EY, Clark DW, Helper DJ, et al. Colonoscopic miss rates of adenomas determined by back-to-back colonoscopies. *Gastroenterology* 1997;112:24-8; and**
- It is estimated that 76% to 90% of cancers could be prevented by regular colonoscopic surveillance exams. **The National Polyp Study Workgroup. *N Engl J Med* 1993;329:1977-81**
- In flexible sigmoidoscopy, two types of flexible sigmoidoscopes are currently in use. The 35-cm scope can access only 50%–75% of the sigmoid colon and can be used to detect only 30%–45% of colorectal polyps and cancers. The longer 60-cm scope can be used to examine the entire sigmoid colon in approximately 80% of patients and can, thereby, be used to detect 40%–65% of polyps and cancers. ***Radiology*. 2000;215:327-335**
- The sensitivity of colonoscopy for colorectal cancer (95%) was greater than that for barium enema (82.9%), with an odds ratio of 3.93 for a missed cancer by barium enema compared with colonoscopy. **[Rex DK](#), [Rahmani EY](#), [Haseman JH](#), [Lemmel GT](#), [Kaster S](#), [Buckley JS](#). Relative sensitivity of colonoscopy and barium enema for detection of colorectal cancer in clinical practice.**

Reporting Results

Adequacy of Colonoscopy

Adequate colonoscopy is defined as reaching the cecum and having colonic preparation sufficient to visualize 90% of the colonic mucosa. The colonoscopy procedure report should detail whether the cecum was reached and whether the endoscopist visualized the colonic mucosa adequately.

Findings of Colonoscopy

The colonoscopist's report of optical colonoscopy findings should include polyp(s), mass, lesion/tumor, other lesions, hemorrhoids, diverticular disease, varices, inflammatory bowel disease, ulcerative colitis, and Crohn's disease of the colon. The report should include:

- Number of lesions
- Description (e.g., flat, raised, sessile, pedunculated, bleeding, irregular, etc.), size, and location of each lesion
- Biopsy/management of lesions:
 - biopsy during the colonoscopy with removal of entire lesion(s)
 - biopsy without removal of entire lesion(s)
 - no biopsy during colonoscopy
 - other management of polyp/lesion (tattoo of site, saline prior to biopsy, etc.)
- Recommendations: additional surgery or procedures needed (specify what is needed), or that there is no need for additional surgery or procedures at this time

Colonoscopist's Recommendation

Colonoscopist's recommendation for date of next colonoscopy or other testing is based on the adequacy of the colonoscopy, the optical findings, the results of pathology, and the client's risk category. If the recommendation depends on the results of the histologic evaluation of a polyp then the colonoscopist should provide recommendation contingent on the pathology results (example: if polyp is adenomatous, repeat colonoscopy in 5 years, if hyperplastic repeat in 10 years).

Treatment Recommendation

Based on the findings of the colonoscopy, the usual and customary treatment will be recommended by the medical care provider(s) on a case-by-case basis:

- No further treatment necessary
- Ablation or excision of lesions during colonoscopy
- Surgery

Pathology Reports

A polyp or lesion should be classified by standard pathologic criteria and should include the following:

- Type of polyp or lesion: tubular adenomas; villous adenoma; tubulovillous adenoma; serrated adenoma; hyperplastic polyp; other (mucosal polyp, inflammatory, pseudopolyp, submucosal polyp: lipoma, carcinoid, metastatic tumor, etc.)
- Degree of dysplasia: The diagnosis of any adenoma indicates the presence of dysplasia. Special mention should be made of the presence of high grade dysplasia (including severe dysplasia, carcinoma in situ and intramucosal carcinoma)
- Presence of involvement of stalk/margin: If high grade dysplasia or carcinoma is present, determine whether the stalk or margin of the specimen is free of involvement.
Note: This applies to large polyps removed by snare excision. It is often not possible to evaluate the margins of small polyps removed by biopsy alone.

An invasive carcinoma on biopsy or polypectomy specimen should be classified as follows:

- **Differentiation**

Note whether the carcinoma is well, moderately, or poorly differentiated

If carcinoma is arising in adenomatous polyp:

- Presence or absence of lymphatous/vascular invasion
- Margins: Note whether the margin is involved, distance of the carcinoma from the margins/stalk, or distance of the carcinoma from the cauterized margin of the specimen

Follow-up of Colonoscopy/Inadequate Colonoscopy

If a provider determines that a colonoscopy is inadequate, the provider should determine if and when additional procedures are necessary to complete the screening. Follow-up colonoscopy due to an inadequate initial screening colonoscopy **is** reimbursable by the WCCEDP.

Provider Reimbursement

The WCCEDP provides reimbursement to WCCEDP-contracted providers for colonoscopies at the rate paid under the Wyoming Medical Assistance and Services Act (Medicaid). All participating health-care clinics, endoscopy and pathology providers and affiliated facilities may be paid for services provided through the program. The WCCEDP must have a full provider system in place in order to begin referring WCCEDP enrollees to a provider. This includes contracts with facilities, providers, labs, pathologists, and anesthesiologists/anesthetists (as needed).

I. Payment Policy

A. Allowable Services: The Program will pay for colonoscopies and related diagnostic services. Allowable services include colonoscopy and pathology laboratory fees. **The following services may be reimbursed at Wyoming Medicaid rate for WCCEDP-enrolled clients:**

1. Pre-operative consultation fee
2. Colonoscopy: Flexible, proximal to splenic flexure, diagnostic with or without collection or specimens
3. Colonoscopy with single or multiple cold biopsy
4. Colonoscopy with directed submucosal injection(s) of any substance
5. Colonoscopy with control of bleeding
6. Colonoscopy with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique
7. Colonoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
8. Colonoscopy with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
9. Level IV surgical pathologies, gross and microscopic examination
10. Special stains (list separately in addition to code for primary service); Group I for microorganisms (eg Gridley, acid fast, nehanamine silver)
11. Group II, all other (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains
12. Immunohistochemistry (including tissue immunoperoxidase)
13. Anesthesia fees (including conscious sedation)
14. Facility Fees

Alternative reimbursement codes: The following codes will be reimbursed on a case-by-case basis upon review of the WCCEDP billing office:

15. Pathology consultation during surgery
16. First tissue block, with frozen section(s), single specimen
17. Each additional tissue block with frozen section(s)
18. Cytologic examination (eg, touch prep, squash prep), initial site
19. Cytologic examination (eg, touch prep, squash prep), each additional site

B. Non-allowable Services: There are services that are not allowable for reimbursement by the WCCEDP. Payment for these services will be the responsibility of the patient and the patient must be notified by their provider of any services that are not covered. **Services NOT covered by the WCCEDP are as follows:**

1. There will be no reimbursement to providers for colonoscopies or related costs performed prior to the WCCEDP enrollment start date. The applicant/patient must have a WCCEDP payment voucher to present to the provider prior to the procedure. If applicant/patient does not have proper enrollment approval, the applicant/patient will assume responsibility for any costs relating to procedures performed prior to enrollment approval.
2. Other screenings, such as Standard or Immunochemical Fecal Occult Blood Testing (FOBT), flexible sigmoidoscopy, barium enema, stool mutational analysis, CT and MRI colonography (virtual colonoscopy), screening tests requested at intervals sooner than are recommended by program guidelines (unless the Department provides a written waiver to applicant pursuant to a written explanation letter by the attending physician), medical therapy for inflammatory bowel disease, or genetic testing are not reimbursable by the WCCEDP.
3. Reimbursement for adverse events is not covered by the WCCEDP. The program will only reimburse for procedures identified in the WCCEDP approved-CPT coding list.
4. The WCCEDP shall not reimburse for follow-up surgery or additional medical care if an actual cancer or other condition requiring additional care is found.
5. **The WCCEDP will not reimburse for no-show appointments.**

C. Payment Rates: Colonoscopy and associated diagnostic services (as identified in the WCCEDP approved CPT Code List) will be paid by the WCCEDP at the Wyoming Medicaid allowable rates. For circumstances where multiple biopsy/removal techniques are used during one colonoscopy, the program will pay 100% of the allowable Medicaid reimbursement for the service of the highest cost, then 50% of the allowable Medicaid reimbursement amount for the second service and 25% of the allowable Medicaid reimbursement amount for the third and sequential techniques. If several specimens from a single colonoscopy are reviewed by pathology, the program will pay for every specimen.

II. Procedure to Receive Payment for Screening Services

A. Billing Forms

The WCCEDP uses two different billing forms based on provider type:

- Hospitals: Uniform Billing (UB)-92
- All Other Providers: Centers of Medicare and Medicaid Services (CMS)-1500 (previously the HCFA-1500)

For guidance in completing the UB-92 and the CMS-1500, consult the Equality Care General Provider manual by Affiliated Computer Systems (ACS). The WCCEDP contracts with ACS for claims payment. Claims will be processed initially by the WCCEDP and then sent to ACS for

payment. **Do not send claims directly to ACS.** Please send claims, with required documentation attached, to the WCCEDP at the following address:

Alice Preheim
WY Colorectal Cancer Early Detection Program
6101 Yellowstone Road, Ste 259A
Cheyenne, WY 82002

For billing claims or questions please contact the WCCEDP at CRC_Screening@state.wy.us or 1-866-205-5292.

Note: The WCCEDP does not supply UB-92 or HCFA 1500 forms.

B. Required Billing Documentation

A claim will not be paid until the required medical documents are received by the WCCEDP.

Providers must submit the following documents along with the billing form:

1. Pre-operative consultation bill: Submit the history and physical
2. Colonoscopy bill: Submit the procedure report, which includes:
 - Pre and post procedure diagnoses
 - Description of procedure
 - Findings
 - Recommendations
3. Pathology bill: Submit the pathology report
4. Facility bill: No additional documentation required
5. Anesthesia bill: No additional documentation required

C. Health Insurance Portability Accountability Act (HIPAA) (45 CFR 164.506)

The Wyoming Department of Health WCCEDP is a covered entity. A covered entity may, without the individual's authorization, use or disclose protected health information for the purposes of treatment, payment, and health care operations activities. For example:

- A health care provider may disclose protected health information about an individual as part of a claim for payment to a health plan.
- A health care provider may send a copy of an individual's medical record to a specialist who needs the information to treat the individual.
- A covered entity may disclose protected health information for the treatment activities of any health care provider (including providers not covered by the Privacy Rule).
- The WCCEDP will have up to 45 days to pay for the eligible services.

D. Reimbursement Policy

Claims are reviewed for missing information and necessary attachments and the patient's payment voucher. Claims are submitted electronically on a daily basis by WCCEDP to ACS and checks are processed in accordance with policies set by ACS and the State Auditor's office.

An Explanation of Medical Benefits (EOMB) accompanies each reimbursement check or denial. The EOMB is a written billing communication tool between the health care provider and ACS. It explains what has happened to the claims submitted for payment, if they are denied, and reason for denial. Each EOMB lists all claims denied or pending.

The WCCEDP reimbursement amount is considered *payment in full* as noted in the contract between the WCCEDP and the provider (see Provider Contract, Section 4, Payment, Part A). An explanation of when a provider may bill a program-enrolled patient is outlined in the Provider Contract (see Section 4, Payment, Part A). The WCCEDP also requires timely filing of bills (see Provider Contract, Section 5, Responsibilities of Contractor, Part D).

III. Audits

Personnel from the WCCEDP may conduct audits of clinical and financial records to ensure compliance with the WCCEDP standards, rules and regulations, and to verify the validity of reported services.

Suggested Audit Process: The audit process will typically consist of the following steps:

1. The WCCEDP identifies that an audit will be undertaken and the service provider is contacted to arrange a pre-audit teleconference.
2. A teleconference occurs to discuss the audit process, scope and objectives and information such as medical records that will be required. A date for the site visit will be established.
3. The program's accounting services personnel will visit the site and review information pertinent to the audit, develop findings and recommendations. The type and extent of field work will vary according to the scope and objectives of the audit. The site visit may entail examining the medical records to ensure that items for which payment was requested are documented in the medical record.
4. A meeting or teleconference will be held in which the auditors discuss preliminary audit results (compliance and exceptions).
5. A formal report of the audit findings will be forwarded to the clinic, hospital or pathology laboratory. The report will describe those findings that are in compliance, exceptions to expected practice and recommendations for improved management/reporting practice.
6. The service provider will have the opportunity to respond to the auditor's findings and recommendations in writing within 30 days of receipt of audit report.
7. The WCCEDP accounting services personnel will follow the progress toward resolution of audit issues and may include recommended corrective actions in future service agreements with clinics, hospital and pathology laboratories. Continued non-compliance with audit recommendations is grounds for termination of the service agreement.

Program Evaluation

The WCCEDP will be evaluated to assess program efficacy and assure funding to maintain and expand the program. The WCCEDP will define clinical, process, and patient satisfaction outcomes that will measure program reach, efficiency and quality of services provided. Data reports will be shared with the Wyoming State Legislature, stakeholders in Cancer Prevention and Control, healthcare providers and any other interested parties. The following data will be collected and analyzed:

- **Clinical and Process-related Outcomes:**
Data will be collected from WCCEDP applications and from the medical documents of all patients that are screened through enrolled providers.
- **Patient Satisfaction Outcomes:**
A patient satisfaction survey will be mailed to all patients that are screened through the WCCEDP. The survey will include questions relating to outreach materials, navigation activities, the screening procedure, and follow-up care.
- **Screening Rates:**
In order to measure the impact of the program on state-wide colon cancer screening rates both among the uninsured and the insured population, data from the Behavioral Risk Factor State Survey collected before and after the initiation of the program will be analyzed.

Patient Navigation

The WCCEDP provides patient navigation support to educate and guide patients through the colorectal screening and treatment process. The primary purpose of the navigator is to improve health care delivery to populations who have limited or no access to the health care system. The role of a patient navigator was created to eliminate barriers and guide patients through the medical system in a culturally sensitive manner. The WCCEDP will partner with other organizations in providing navigation services. Patient navigation services include:

- Assisting patients through the screening process to assure that people prepare adequately for the colonoscopy and show up for their appointment.
- Assisting patients in follow-up of abnormal screening results or colorectal cancer diagnosis.
- Identifying and coordinating resources for the patient who may require physical, emotional, financial, or other support through their cancer journey.

Mass Media and Public Awareness

The WCCEDP will carry out marketing and promotional efforts that include general public awareness and education, local patient outreach, and program eligibility information.

Initial marketing outreach includes:

- Coordination of mass mailings to Wyoming residents that may be eligible for screening. These mailings include a letter from the WCCEDP and a promotional colorectal screening brochure. Both the letter and brochure can be provided in English and Spanish.
- Posters and other materials for clinic exam and waiting rooms to encourage all patients to discuss colorectal screening with their health care providers.
- Web based information about the WCCEDP, targeted at clinics, providers, and patients through the website: <http://wdh.state.wy.us/phsd/ccp/index.html>

Other types of mass media will be pursued as the program expands. This media will be created for both the general public and specific patient populations, including medically underserved populations. This may include television, radio, newspaper, billboards, buses, and other types of media. The WCCEDP will coordinate with various partners and stakeholders who are also interested in providing colorectal cancer awareness.

Contact Information

Wyoming Colorectal Cancer Early Detection Program

6101 Yellowstone Road, Suite 259A
Cheyenne, WY 82002

Toll Free: 866-205-5292
Direct Line: (307)777-2932
Fax: (307)777-2426

Web: <http://wdh.state.wy.us/phsd/ccp/index.html>
Email: CRC_Screening@state.wy.us

Surveillance Recommendations

The WCCEDP, under the recommendation of the Wyoming Colorectal Cancer Program Quality Assurance Team, has suggested various surveillance guidelines to aid in decision-making after polypectomy and cancer resection.

Guidelines

Guidelines for Colonoscopy Surveillance after Polypectomy: A consensus Update by the U.S. Multi-Society Task Force on Colorectal Cancer and the American Cancer Society

Full Article [CA Cancer J Clin 2006;56:143-159](#)

A. Surveillance Recommendations

1. **Patients with small rectal hyperplastic polyps** should be considered to have normal colonoscopies, and therefore the interval before subsequent colonoscopy should be 10 years. An exception is patients with a hyperplastic polyposis syndrome. They are at increased risk for adenomas and colorectal cancer and need to be identified for more intensive follow up.
2. **Patients with only one or two small (< 1 cm) tubular adenomas with only low-grade dysplasia** should have their next follow-up colonoscopy in 5 to 10 years. The precise timing within this interval should be based on other clinical factors (such as prior colonoscopy findings, family history, and the preferences of the patient and judgment of the physician).
3. **Patients with 3 to 10 adenomas, or any adenoma \geq 1 cm, or any adenoma with villous features, or high-grade dysplasia** should have their next follow-up colonoscopy in 3 years providing that piecemeal removal has not been done and the adenoma(s) are completely removed. If the follow-up colonoscopy is normal or shows only one or two small tubular adenomas with low-grade dysplasia, then the interval for the subsequent examination should be 5 years.
4. **Patients who have more than 10 adenomas at one examination** should be examined at a shorter (< 3 years) interval established by clinical judgment, and the clinician should consider the possibility of an underlying familial syndrome.
5. **Patients with sessile adenomas that are removed piecemeal** should be considered for follow up at short intervals (2 to 6 months) to verify complete removal. Once complete removal has been established, subsequent surveillance needs to be individualized based on the endoscopist's judgment. Completeness of removal should be based on both endoscopic and pathologic assessments.
6. **More intensive surveillance is indicated when the family history may indicate hereditary nonpolyposis colorectal cancer.**

B. Additional Surveillance Considerations

1. The present recommendations assume that colonoscopy is complete to the cecum and that bowel preparation is adequate. A repeat examination should be done if the bowel preparation is not adequate before planning a long-term surveillance program.

2. There is clear evidence that the quality of examination is highly variable. A continuous quality improvement process is critical to the effective application of colonoscopy in colorectal cancer prevention.
3. A repeat examination is warranted if there is a concern that the polyp is incompletely removed, particularly if it shows high-grade dysplasia.
4. Endoscopists should make clear recommendations to primary care physicians about when the next colonoscopy is indicated.
5. Given the evolving nature of guidelines, it is important that physicians and patients should remain in contact so that surveillance recommendations reflect changes in guidelines.
6. Pending further investigation, performance of fecal occult blood test is discouraged in patients undergoing colonoscopic surveillance.
7. Discontinuation of surveillance colonoscopy should be considered in persons with serious comorbidities with less than 10 years of life expectancy, according to the clinician's judgment.
8. The application of evolving technologies such as chromoendoscopy, magnification endoscopy, narrow-band imaging, and computed tomography colonography are not established for postpolypectomy surveillance at this time.

A. Post-cancer Resection Surveillance Colonoscopy Recommendations

1. **Patients with colon and rectal cancer should undergo high quality perioperative clearing.** In the case of nonobstructing tumors, this can be done by preoperative colonoscopy. In the case of obstructing colon cancers, computed tomography colonography with intravenous contrast or double contrast barium enema can be used to detect neoplasms in the proximal colon. In these cases, a colonoscopy to clear the colon of synchronous disease should be considered 3 to 6 months after the resection if no unresectable metastases are found during surgery. Alternatively, colonoscopy can be performed intraoperatively.
2. **Patients undergoing curative resection for colon or rectal cancer should undergo a colonoscopy 1 year after the resection (or 1 year following the performance of the colonoscopy that was performed to clear the colon of synchronous disease).** This colonoscopy at 1 year is in addition to the perioperative colonoscopy for synchronous tumors.
3. **If the examination performed at 1 year is normal, then the interval before the next subsequent examination should be 3 years.** If that colonoscopy is normal, then the interval before the next subsequent examination should be 5 years.
4. **Following the examination at 1 year, the intervals before subsequent examinations may be shortened if there is evidence of hereditary nonpolyposis colorectal cancer or if adenoma findings warrant earlier colonoscopy.**
5. **Periodic examination of the rectum for the purpose of identifying local recurrence, usually performed at 3 to 6 month intervals for the first 2 or 3 years, may be considered after low anterior resection of rectal cancer.** The techniques utilized are typically rigid proctoscopy, flexible proctoscopy, or rectal ultrasound. These examinations are independent of the colonoscopic examinations described above for detection of metachronous disease.

B. Additional Recommendations Regarding Post-cancer Resection Surveillance Colonoscopy

1. These recommendations assume that colonoscopy is complete to the cecum and that bowel preparation is adequate.
2. There is clear evidence that the quality of examinations is highly variable. A continuous quality improvement process is critical to the effective application of colonoscopy in colorectal cancer prevention.
3. Endoscopists should make clear recommendations to primary care physicians about when the next colonoscopy is indicated.
4. Performance of fecal occult blood test is discouraged in patients undergoing colonoscopic surveillance.
5. Discontinuation of surveillance colonoscopy should be considered in persons with advanced age or comorbidities (with less than 10 years of life expectancy), according to the clinician's judgment.

6. Chromoendoscopy (dye-spraying) and magnification endoscopy are not established as essential to screening or surveillance.
7. Computed tomography colonography (virtual colonoscopy) is not established as a surveillance modality.

Note: The WCCEDP does not provide funding for the treatment of colorectal cancers detected by the Program at this time. If no other payment sources are available to the client for treatment of colorectal cancer (i.e. private insurance), it is suggested that they contact the WCCEDP case manager for patient navigation services to discuss alternative options.

Appendix A: Sample Provider Contract

CONTRACT BETWEEN THE WYOMING DEPARTMENT OF HEALTH, PREVENTIVE HEALTH AND SAFETY DIVISION, WYOMING COLORECTAL CANCER EARLY DETECTION PROGRAM AND (PROVIDER, HOSPITAL, CLINIC, LABORATORY)

1. **Parties.** The parties to this Contract are the Wyoming Department of Health, Preventive Health and Safety Division, Wyoming Colorectal Cancer Early Detection Program (WCCEDP) [Agency], whose address is 6101 Yellowstone Road, Suite 259A, Cheyenne, WY 82002 and the (Insert name of Physician, Clinic/Hospital, Laboratory, or Anesthesiologist) [Contractor], whose address is (Insert address, city, state and zip).
2. **Purpose of Contract.** The purpose of the Contract is to provide WCCEDP-covered colorectal cancer screening and diagnostic services to clients enrolled in the WCCEDP.
3. **Term of Contract and Required Approvals.** This Contract is effective when all parties have executed it and all required approvals have been granted, and shall continue in effect until such time as either party invokes termination by providing thirty (30) days written notice.

By law, contracts for professional or other services must be approved by the Attorney General and A&I Procurement, Wyo. Stat. § 9-1-403(b)(v), and all contracts for services costing over one thousand five hundred dollars (\$1,500.00) must be approved by the Governor or his designee as well, Wyo. Stat. § 9-2-1016(b)(iv).

4. **Payment.** Payment will be made upon receipt of an original, correctly completed claim form and the required clinical documentation. (Clinical documentation forms are available on the Agency's website: <http://wdh.state.wy.us/phsd/ccp/index.html>. No payment shall be made for services performed before the date upon which the last required signature is affixed to this Contract.
 - A. The contractor must accept as payment in full the current Medicaid allowable charge in effect on the date of the covered service as identified on the WCCEDP CPT code set. (The WCCEDP CPT code set is updated annually and is available on the aforementioned website.) For circumstances where multiple biopsy/removal techniques are used during one colonoscopy, the program will pay 100% for the allowable Medicaid reimbursement amount for the service of the highest cost, then 50% of the allowable Medicaid reimbursement amount for the second service and 25% of the allowable Medicaid reimbursement amount for the third and sequential techniques.
 - i. The Contractor is prohibited from making additional charge(s) to the client, any member of the client's family, or other sources of supplementation for those services covered by the WCCEDP.
 - ii. The Contractor shall have the express right to bill clients enrolled in

WCCEDP for any services not covered by the WCCEDP.

- B.** The WCCEDP holds the right to recover any payment made under this Contract which is later determined to have been excessive or erroneous of that permitted.

The Contractor agrees to notify the WCCEDP in writing within 30 days after learning of any excessive and erroneous payments.

- 5. Responsibilities of Contractor.** Contractor services eligible for reimbursement are limited to colorectal cancer screening and diagnostic services identified on the WCCEDP CPT code set and in compliance with WCCEDP policies as described in the WCCEDP Healthcare Provider Manual (available on the aforementioned website). In addition, the Contractor agrees to:

- A.** Complete and submit the Provider Application (Attachment A.)
- B.** Submit copies of required licenses for physicians, nurse practitioners, and physician assistants, and laboratories (Clinical Laboratory Improvement Act [CLIA], comply with applicable licensing and certification standards as contained in Wyoming's statutes and regulations. The Contractor's participation in the WCCEDP is contingent upon the Contractor's maintaining the appropriate licensure and/or certification and such participation shall terminate immediately upon the termination of such licensure and/or certification.
- C.** Assume responsibility for all claims submitted to the WCCEDP on his/her behalf regardless of whether the claim is submitted by the Contractor's employee, subcontractor, vendor, or fiscal agent.
- D.** Submit bills to the WCCEDP in a timely manner:
 - i.** Submit an original, correctly completed claim form for all services provided to WCCEDP clients no later than three (3) months following date of service.
 - ii.** Submit all claims to the WCCEDP no later than thirty (30) days after the close of the fiscal year in which they occurred. The fiscal year extends from July 1st through June 30th.
 - iii.** The client cannot be held responsible for payment if the Contractor fails to submit the bill in a timely manner.
- E.** Submit requested data to the WCCEDP on the WCCEDP screening and diagnostic forms or through copies of specific medical documents (i.e. Colonoscopy results, biopsy results, etc.) for WCCEDP-enrolled clients who receive covered services from the Contractor. Contractor reimbursement is contingent on completion of these forms and/or supporting documentation.

- F. Inform the WCCEDP within thirty (30) days of any change in ownership, mailing address, professional group membership, pending disciplinary action, and licensure, certification, or registration status.
- G. Maintain complete fiscal and medical records to fully document services rendered to WCCEDP clients under terms of this Contract. On-site access to and copies of records and information shall be made available upon request by an authorized representative of the WCCEDP in compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Records shall be retained for five (5) years beyond the end of the fiscal year in which payment of services was received. In the case of audit or other action involving the records, they shall be retained until action is brought to closure. Failure to retain adequate documentation for any service billed may result in recovery of payments for services not adequately documented.
- H. Participate in site visits conducted by the Agency for the purpose of providing colorectal cancer professional education and technical assistance (i.e. Contractor policies, billing and payment issues, eligibility and enrollment, rescreening, etc.).
- I. Safeguard the use and disclosure of information concerning WCCEDP -enrolled clients in accordance with applicable Federal and State statutes and regulations, including current and future provisions, as in effect or amended, for the privacy and security of individually identified health information found in the regulations of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

6. **Special Provisions.**

- A. **Limitation of Payments.** The Agency's obligation to pay the Contractor for services rendered pursuant to this Contract is conditioned upon the availability of state or federal government funds which are allocated to pay the Contractor. If funds are not allocated and available for the Agency to pay the Contractor for these services, the Agency may terminate this Contract at the end of the period for which the funds are available.

The Agency shall notify Contractor at the earliest possible time if this Contract will or may be affected by a shortage of funds. No liability shall accrue to the Agency in the event this provision is exercised, and the Agency shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section. This provision shall not be construed so as to permit the Agency to terminate this Contract to acquire similar services from another party.

- B. **Limitations on Lobbying Activities.** In accordance with P.L. 101-121, payments made from a federal grant shall not be utilized by the Contractor or its subcontractors in connection with lobbying Congressmen, or any other federal agency in connection with the award of a federal grant, contract, cooperative agreement, or loan. The Contractor and its subcontractors shall submit a certification statement and disclosure form acceptable to the Agency before commencement of the work.

- C. **Monitor Activities.** The Agency shall have the right to monitor all Contract related activities of the Contractor and all subcontractors. This shall include, but not be limited to, the right to make site inspections at any time, to bring experts and consultants on site to examine or evaluate completed work or work in progress, and to observe all Contractor personnel in every phase of performance of Contract related work.
- D. **No Finder's Fees.** No finder's fee, employment agency fee, or other such fee related to the procurement of this Contract shall be paid by either party.
- E. **Nondiscrimination.** The Contractor shall comply with the Civil Rights Act of 1964, the Wyoming Fair Employment Practices Act (Wyo. Stat. § 27-9-105 et seq.), the Americans With Disabilities Act (ADA), 42 U.S.C. 12101, et seq., and the Age Discrimination Act of 1975. The Contractor shall not discriminate against any individual on the grounds of age, sex, color, race, religion, national origin or disability in connection with the performance of this Contract.
- F. **Publicity.** Any publicity given to the program or services provided herein, including, but not limited to, notices, information, pamphlets, press releases, research reports, signs, and similar public notices prepared by or for the Contractor, shall identify the Agency as the sponsoring agency and shall not be released without prior written approval from the Agency.

7. **General Provisions.**

- A. **Amendments.** Any changes, modifications, revisions or amendments to this Contract which are mutually agreed upon by the parties to this Contract shall be incorporated by written instrument, executed and signed by all parties to this Contract. The Contractor understands that updates to the Healthcare Provider's Manual will be made by the WBCCEDP when necessitated by change in policy, rule, and/or statute. These changes and all other notices arising out of, or from, the provisions of this Contract shall be available on the WBCCEDP website. A notice of change will be mailed to the Contractor at least 30 days in advance of the effective date. A written copy of the change will be mailed to the Contractor upon request.
- B. **Americans with Disabilities Act.** The Contractor shall not discriminate against a qualified individual with a disability and shall comply with the Americans with Disabilities Act, P.L. 101-336, 42 U.S.C. 12101, *et seq.*, and/or any properly promulgated rules and regulations related thereto.
- C. **Applicable Law/Venue.** The construction, interpretation and enforcement of this Contract shall be governed by the laws of the State of Wyoming. The Courts of the State of Wyoming shall have jurisdiction over this Contract and the parties, and the venue shall be the First Judicial District, Laramie County, Wyoming. The parties intend and agree that the State of Wyoming and the Agency do not waive

sovereign immunity by entering into this Contract, and specifically retain immunity and all defenses available to them as sovereigns pursuant to Wyo. Stat. §1-39-104(a) and all other state law.

- D. Assignment/Contract Not Used as Collateral.** Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set forth in this Contract without the prior written consent of the other party. The Contractor shall not use this Contract, or any portion thereof, for collateral for any financial obligation, without the prior written permission of the Agency.
- E. Assumption of Risk.** The Contractor shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to Contractor's failure to comply with state or federal requirements. The Agency shall notify the Contractor of any state or federal determination of noncompliance.
- F. Audit.** The Agency and any of its representatives shall have access to any books, documents, papers, and records of the Contractor which are pertinent to this Contract.
- G. Availability of Funds.** Each payment obligation of the Agency is conditioned upon the availability of government funds which are appropriated or allocated for the payment of this obligation. If funds are not allocated and available for the continuance of the services performed by the Contractor, the contract may be terminated by the Agency at the end of the period for which the funds are available. The Agency shall notify the Contractor at the earliest possible time of the services which will or may be affected by a shortage of funds. No penalty shall accrue to the Agency in the event this provision is exercised, and the Agency shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section. This provision shall not be construed to permit the Agency to terminate this Contract to acquire similar services from another party.
- H. Award of Related Contracts.** The Agency may undertake or award supplemental or successor contracts for work related to this Contract. The Contractor shall cooperate fully with other contractors and the Agency in all such cases.
- I. Certificate of Good Standing:** Contractor shall provide Certificate of Good Standing verifying compliance with the unemployment insurance and workers' compensation programs prior to performing work under this Contract. (This clause is not applicable to Contractor's who are self-employed.)
- J. Compliance with Laws.** The Contractor shall keep informed of and comply with all applicable federal, state and local laws and regulations in the performance of this Contract.
- K. Confidentiality of Information.** All documents, data compilations, reports, computer programs, photographs, and any other work provided to or produced by the

Contractor in the performance of this Contract shall be kept confidential by the Contractor unless written permission is granted by the Agency for its release.

- L. Entirety of Contract.** This Contract, consisting of nine (9) pages and Attachment A, represents the entire Contract between the parties and supersedes all prior negotiations, representations, and agreements, whether written or oral.
- M. Ethics.** Contractor shall keep informed of and comply with the Wyoming Ethics and Disclosure Act (Wyo. Stat. § 9-13-101, et seq.), and any and all ethical standards governing Contractor's profession.
- N. Force Majeure.** Neither party shall be liable for failure to perform under this Contract if such failure to perform arises out of causes beyond the control and without the fault or negligence of the nonperforming party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem, limits delay in performance to that required by the event, and takes all reasonable steps to minimize delays. This provision shall not be effective unless the failure to perform is beyond the control and without the fault or negligence of the nonperforming party.
- O. Indemnification.** The Contractor shall indemnify, defend and hold harmless the State, the Agency, and their officers, agents, employees, successors and assignees from any and all claims, lawsuits, losses and liability arising out of Contractor's failure to perform any of Contractor's duties and obligations hereunder or in connection with the negligent performance of Contractor's duties or obligations, including but not limited to any claims, lawsuits, losses or liability arising out of Contractor's malpractice.
- P. Independent Contractor.** The Contractor shall function as an independent contractor for the purposes of this Contract, and shall not be considered an employee of the State of Wyoming for any purpose. The Contractor shall assume sole responsibility for any debts or liabilities that may be incurred by the Contractor in fulfilling the terms of this Contract, and shall be solely responsible for the payment of all federal, state and local taxes which may accrue because of this Contract. Nothing in this Contract shall be interpreted as authorizing the Contractor or its agents and/or employees to act as an agent or representative for or on behalf of the State of Wyoming or the Agency, or to incur any obligation of any kind on the behalf of the State of Wyoming or the Agency. The Contractor agrees that no health/hospitalization benefits, workers' compensation and/or similar benefits available to State of Wyoming employees will inure to the benefit of the Contractor or the Contractor's agents and/or employees as a result of this Contract.
- Q. Kickbacks.** The Contractor certifies and warrants that no gratuities, kickbacks or contingency fees were paid in connection with this Contract, nor were any fees,

commissions, gifts, or other considerations made contingent upon the award of this Contract. If the Contractor breaches or violates this warranty, the Agency may, at its discretion, terminate this Contract without liability to the Agency, or deduct from the Contract price or consideration, or otherwise recover, the full amount of any commission, percentage, brokerage, or contingency fee.

- R. Notices.** All notices arising out of, or from, the provisions of this contract shall be in writing and given to the parties at the address provided under this Contract, either by regular mail, *facsimile*, *e-mail*, or delivery in person.
- S. Notice and Approval of Proposed Sale or Transfer of the Contractor.** The Contractor shall provide the Agency with the earliest possible advance notice of any proposed sale or transfer or any proposed merger or consolidation of the assets of the Contractor. Such notice shall be provided in accordance with the notice provision of this Contract. If the Agency determines that the proposed merger, consolidation, sale or transfer of assets is not consistent with the continued satisfactory performance of the Contractor's obligations under this Contract, then the Agency may, at its option, terminate or renegotiate the Contract.
- T. Ownership of Documents/Work Product/Materials.** All documents, reports, records, field notes, data, samples, specimens, and materials of any kind resulting from performance of this Contract are at all times the property of the Agency.
- U. Prior Approval.** This Contract shall not be binding upon either party, no services shall be performed under the terms of this Contract, and the Wyoming State Auditor shall not draw warrants for payment on this Contract, until this Contract has been reduced to writing, approved as to form by the Office of the Attorney General, filed with and approved by A&I Procurement, and approved by the Governor of the State of Wyoming or his designee if required by Wyo. Stat. § 9-2-1016(b)(iv)(D).
- V. Suspension and Debarment, Voluntary Exclusion-** By signing this Contract, Contractor certifies that it is not suspended, debarred, or voluntarily excluded from Federal financial or non-financial assistance, nor are any of the participants involved in the execution of this Contract suspended, debarred, or voluntarily excluded. Further, Contractor agrees to notify this agency by certified mail should Contractor or any of its agents become debarred, suspended, or voluntarily excluded during the term of this Contract.
- W. Sovereign Immunity.** The State of Wyoming and the Agency do not waive sovereign immunity by entering into this Contract and specifically retain immunity and all defenses available to them as sovereigns pursuant to Wyo. Stat. § 1-39-104(a) and all other state law.
- X. Taxes.** The Contractor shall pay all taxes and other such amounts required by federal, state and local law, including but not limited to federal and social security taxes, workers' compensation, unemployment insurance and sales taxes.

- Y. Termination of Contract.** This Contract may be terminated, without cause, by the Agency upon thirty (30) days written notice. This Contract may be terminated immediately for cause if the Contractor fails to perform in accordance with the terms of this Contract. Should the Contractor fail to perform in a manner consistent with the terms and conditions set forth in this Contract, payment under the Contract may be withheld until such time as the Contractor performs its duties and responsibilities.
- Z. Third Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of third party beneficiary, and this Contract shall not be construed so as to create such status. The rights, duties and obligations contained in this Contract shall operate only between the parties to this Contract, and shall inure solely to the benefit of the parties to this Contract. The provisions of this Contract are intended only to assist the parties in determining and performing their obligations under this Contract.
- AA. Time is of the Essence.** Time is of the essence in all provisions of the Contract.
- BB. Titles Not Controlling.** Titles of paragraphs are for reference only, and shall not be used to construe the language in this Contract.
- CC. Waiver.** The waiver of any breach of any term or condition in this Contract shall not be deemed a waiver of any prior or subsequent breach.

INTENTIONALLY LEFT BLANK

8. **Signatures.** By signing this Contract, the parties certify that they have read and understood it, that they agree to be bound by the terms of the Contract, that they have the authority to sign it.

This Contract is not binding on either party until approved by A&I Procurement and the Governor of the State of Wyoming or his designee, if required by Wyo. Stat. § 9-2-1016(b)(iv).

The effective date of this Contract is the date of the signature last affixed to this page.

AGENCY: WYOMING DEPARTMENT OF HEALTH

Brent D. Sherard, M.D., M.P.H., Director and State Health Officer

Date Signed

Ginny Mahoney, M.A., Chief of Staff

Date Signed

DIVISION: PREVENTIVE HEALTH AND SAFETY DIVISION

Linda Chasson, M.S., Administrator, Preventive Health and Safety Division

Date Signed

Kimberly Rogers, Program Manager
Wyoming Colorectal Cancer Early Detection Program

Date Signed

CONTRACTOR

Name, Credentials
Facility
EIN

Date Signed

ATTORNEY GENERAL'S OFFICE APPROVAL AS TO FORM

Cara Chambers, Assistant Attorney General

Date Signed



Attachment A

Wyoming Colorectal Cancer Early Detection Program

Wyoming Department of Health

6101 Yellowstone Road, Suite 259A

Cheyenne, WY 82002 Phone: (307) 777.2932 Fax (307) 777.2426

CRC_Screening@state.wy.us

You may complete one provider application for a group practice if you want the checks made payable to the group name. If you choose to have the check payable to the physician/practitioner you must complete a separate application for each provider.

PROVIDER APPLICATION

Provider Name (or Medical Facility if applying as a group practice):		
If you are applying as a group practice, list all physicians/practitioners wishing to participate in the program:		
Phone Number: ()	Fax Number: ()	Medicare Participating: 9 Yes 9 No
Street Address:		
Mailing Address (if different from street address):		
Payment Mailing Address (if different from street address):		
City:	State:	ZIP:
Contact Person:		Federal Tax ID #:

Certificate of Good Standing

Please attach a Certificate of Good Standing verifying compliance with unemployment insurance and workers' compensation.

Provider Credentials

It is necessary to attach copies of all required certification for all medical professionals that will be seeing patients enrolled in the Wyoming Colorectal Cancer Early Detection Program. Please mark the number of each of the following that you are attaching with this Provider Application.

- _____ Provider License - Required of all physicians, physician assistants and nurse practitioners.
_____ CLIA (Clinical Laboratory Improvement Act) - Required of all laboratories.

I understand this application will be returned for completion if it is illegible, incomplete and/or not signed. I certify to the best of my knowledge and belief all information provided is true and accurate. I have authorization to enter into a legal contract for the practice.

Signature:

Date:

To be used by the Wyoming Colorectal Cancer Early Detection Program Only

Approval:

Date:

A signed Provider Contract must accompany this Provider Application. Mail to the address at the top of this form.

04/2007